

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee International Data Management, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 09 / 2015</div> </div>		
Mailing Address 490 White Pond Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1922.27</div>		
City Akron	State OH	Zip Code 44320-1122	Transaction ID : WFT2015109178-1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 09 / 2015</div> </div>		
Purpose of Expenditure Direct Mail - Postage		Category/ Type 004	Name of Federal Candidate Dr. Ben Carson <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71571.27</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee RST Marketing			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 09 / 2015</div> </div>		
Mailing Address 1272 Corporate Park Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">78500.00</div>		
City Forest	State VA	Zip Code 24551	Transaction ID : WFT20151091711-1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 09 / 2015</div> </div>		
Purpose of Expenditure Direct Mail - Postage		Category/ Type 004	Name of Federal Candidate Dr. Ben Carson <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">150071.27</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">80422.27</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
11 / 11 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sisk Fulfillment Services		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1900 Industrial Park Road		Amount 12287.97	
City Fredericksburg	State MD	Zip Code 21632	Transaction ID : WFT20151091713-1
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2015	
Name of Federal Candidate Dr. Ben Carson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Zip Mailing Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 6304 Sheriff Rd Suite Z		Amount 9500.00	
City Landover	State MD	Zip Code 20785	Transaction ID : WFT20151091714-1
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2015	
Name of Federal Candidate Dr. Ben Carson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	21787.97
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Funding Direct, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1420 Spring Hill Road		Amount 11730.99	
City Suite 490	State VA	Zip Code 22102	Transaction ID : WFT20151091717-1
Purpose of Expenditure Agency Fees - Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2015	
Name of Federal Candidate Dr. Ben Carson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 183590.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 7136.43	
City McLean	State VA	Zip Code 22102	Transaction ID : WFT20151091726-1
Purpose of Expenditure Direct Mail - List Maintenance	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2015	
Name of Federal Candidate Dr. Ben Carson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 190726.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18867.42
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Omega List Company		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 21116.40	
City McLean	State VA	Zip Code 22102	Transaction ID : WFT20151091729-1
Purpose of Expenditure List Rental Expenses	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2015	
Name of Federal Candidate Dr. Ben Carson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 211843.06		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21116.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	142194.06

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